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** CONTINUING DATA ***** None 33** FOREIGN APPLICATIONS ***** None 33** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance JJJ/ Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CT	4	36	3

ADDRESS

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TITLE

Autonomous storage for backup, restore, and file access

FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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